

CITY OF SAN DIEGO
COMMISSION FOR ARTS AND CULTURE
FY 2006 ORGANIZATIONAL SUPPORT PROGRAM
FINAL REQUEST FOR PAYMENT

ORGANIZATION: _____

REQUEST PERIOD: (MONTH/DAY/YEAR) ____/____/____ through ____/____/____

PERSON COMPLETING FORM/TITLE: _____

TELEPHONE: _____ FAX: _____

EXPENSE CLASSIFICATION	FY 2006 TOT ALLOCATION (A)	PAYMENTS TO DATE (B)	TOTAL ORGANIZATION EXPENSES FOR THIS PERIOD (C)	TOTAL ORGANIZATION EXPENSES FOR FY 2006 (D)	FINAL PAYMENT REQUEST FOR THIS PERIOD (E)
PERSONNEL: Wages and Benefits					
Artistic (A)					
Administrative (AD)					
Education (E)					
Technical Production (TP)					
Other (OP) _____					
PERSONNEL SUBTOTAL					
OPERATING: Non-Personnel					
Facility/Space (inc. rentals) (FS)					
Education (EE)					
Marketing (M)					
Production/Exhibition (PE)					
Fundraising (FR)					
Other (OO) _____					
OPERATING SUBTOTAL					
GRAND TOTAL					

AUTHORIZATION

On behalf of the above named organization, I request the above payment amount.

Signature Date

Print Name Title Telephone No.

Approved: _____ Date: _____

VICTORIA L. HAMILTON, Executive Director, City of San Diego Commission for Arts and Culture

REQUEST FOR PAYMENT BUDGET DETAILS

Please provide details on expenditures in the lined spaces below. Use code letters to classify expenditures. The Classification Code Letters correspond to those used on the reverse side of this form, as well as those used on the Budget Summary (Exhibit A) in your Agreement. If you need additional space to record check and vendor information please attach a second page. Complete and return this form. **RETAIN A PHOTOCOPY FOR YOUR RECORDS**

EXPENSE CLASSIFICATION CODE LETTERS**PERSONNEL - WAGES & BENEFITS**

A Artistic
AD Administrative
E Education
TP Technical Production
OP Other (Personnel)

OPERATING – NON-PERSONNEL

FS Facility/Rentals
EE Education
M Marketing
PE Production Exhibition
FR Fundraising Expenses
OO Other (Operating)

CHECK NUMBER	DATE	VENDOR Only submit information on checks for which you are seeking reimbursement.	AMOUNT	CODE LETTER

MATCHING INCOME INFORMATION:**You are required to match your City TOT funding 3:1**

1. Total matching dollars required for this contract year: _____
2. Total matching dollars received to date: _____
3. Matching dollars required for this request period: _____
4. Please indicate sources and amounts of matching income you have received for this request period:

<u>Date</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail to: **Contracts Coordinator, Commission for Arts and Culture, 1010 Second Ave., Ste. 555, San Diego, CA 92101-4998**